

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037174

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

282

Primary Registration District No.

5979

Registrar's No.

125

STATE FILE NUMBER

FILED OCT 8 1963

1. PLACE OF DEATH

a. COUNTY

POLK

b. CITY (If outside corporate limits, give TOWNSHIP only).

OR TOWN

BRIGHTON-ELDOONEY TR.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Home RR#1, Brighton

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

POLK

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

BRIGHTON

d. STREET ADDRESS

RR#1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

GEORGE

WILBUR

FRADY

4. DATE OF DEATH

Month

Day

Year

OCTOBER 3 1963

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAR 4 1922

9. AGE (last birthday)

41

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

BRIGHTON MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Hobart Frady

13b. MOTHER'S MAIDEN NAME

Ruth Edge

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hobart Frady, Brighton Mo.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Interstitial

INTERVAL BETWEEN ONSET AND DEATH

?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept 1 1963 to Oct 5 63 and last saw her him alive on Sept 15 1963

Death occurred at

7:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. McLean

22b. ADDRESS

Bolivar

22c. DATE SIGNED

10/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 5, 1963

23c. NAME OF CEMETERY OR CREMATORY

BRIGHTON Cemetery

23d. LOCATION (City, town, or county)

BRIGHTON

(State)

Mo.

24. FUNERAL DIRECTOR

Sidney J. Pitts, Bolivar, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 5, 1963

26. REGISTRAR'S SIGNATURE

Ralph Gordon per J.A.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300

Rev. 4/59

10840

20840

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9002.1

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1286-0

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Richard F. Pitts*

Licensed Embalmer No. 4939

P. O. Address Bolton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit issued Oct. 5, 1963 J.H.